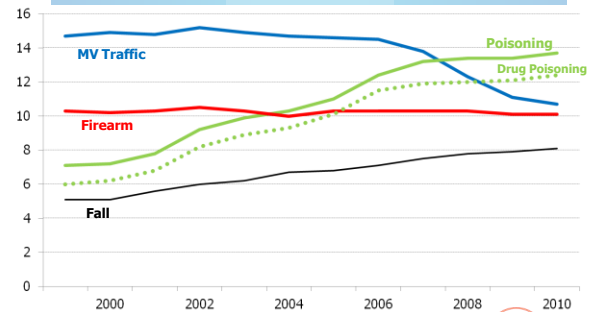


OVERDOSE PREVENTION IN MARYLAND

Michael Baier
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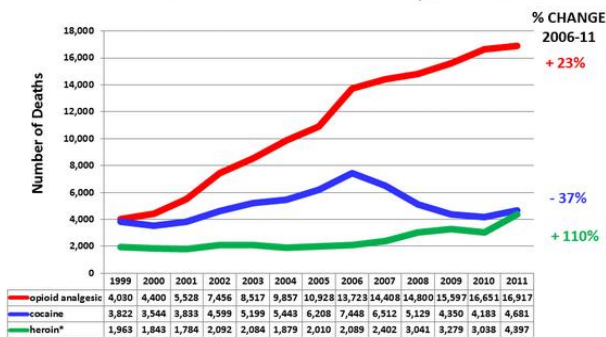
United States: Injury Deaths by Cause, 1999-2010
Age adjusted rate per 100,000



Data Source: National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS
Slide Source: Maryland Poison Center



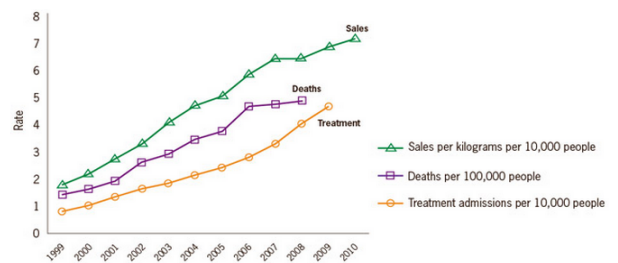
Drug Poisoning Deaths Involving Opioid Analgesics, Cocaine and Heroin: United States, 1999-2011



Note: Not all drug poisoning deaths specify the drug(s) involved, and a death may involve more than one specific substance. The rise in 2005-2006 in opioid deaths is related to non-pharmaceutical fentanyl (see <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5729a1.htm>). *Heroin includes opium.

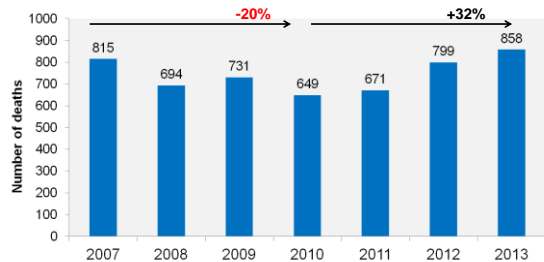
Source: National Center for Health Statistics/CDC, National Vital Statistics Report, Final death data for each calendar year

Rates of prescription painkiller sales, deaths and substance abuse treatment admissions (1999-2010)



SOURCES: National Vital Statistics System, 1999-2008; Automation of Reports and Consolidated Orders System (ARCOS) of the Drug Enforcement Administration (DEA), 1999-2010; Treatment Episode Data Set, 1999-2009

Total Intoxication Deaths, Maryland 2007-2013



MD Intoxication deaths by substance, 2007-2013

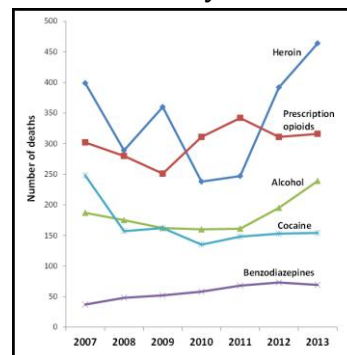


Table 10. Combinations of Substances Related to Unintentional Drug and Alcohol Intoxication Deaths, Maryland, 2012 and 2013.

	2012		2013		Percent change 2012-2013
	Number	Percent	Number	Percent	
Heroin	392		464		
With prescription opioids	55	14.0	57	12.3	-12.4
With cocaine	79	20.2	91	19.6	-2.7
With benzodiazepines	16	4.1	11	2.4	-41.9
With alcohol	94	24.0	127	27.4	14.1
Prescription opioids	311		316		
With heroin	55	17.7	57	18.0	2.0
With cocaine	46	14.8	39	12.3	-16.6
With benzodiazepines	54	17.4	50	15.8	-8.9
With alcohol	44	14.1	62	19.6	38.7
Cocaine	153		154		
With heroin	79	51.6	91	59.1	14.4
With prescription opioids	46	30.1	39	25.3	-15.8
With benzodiazepines	2	1.3	8	5.2	297.4
With alcohol	22	14.4	28	18.2	26.4
Benzodiazepines	73		69		
With heroin	16	21.9	11	15.9	-27.3
With prescription opioids	54	74.0	50	72.6	-2.0
With cocaine	2	2.7	8	11.6	323.2
With alcohol	14	19.2	14	20.3	5.8
Fentanyl	29		58		
With heroin	2	6.9	24	41.4	500.0
With cocaine	3	10.3	8	13.8	33.3
With benzodiazepines	5	17.2	7	12.1	-30.0
With alcohol	1	3.4	17	29.3	759.0
Alcohol	195		239		
With heroin	94	48.2	127	53.1	10.2
With prescription opioids	44	22.6	62	25.9	15.0
With cocaine	22	11.3	28	11.7	3.8
With benzodiazepines	14	7.2	14	5.9	-19.4

MD Heroin-Related Deaths

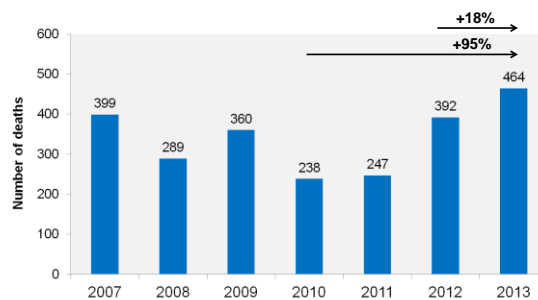
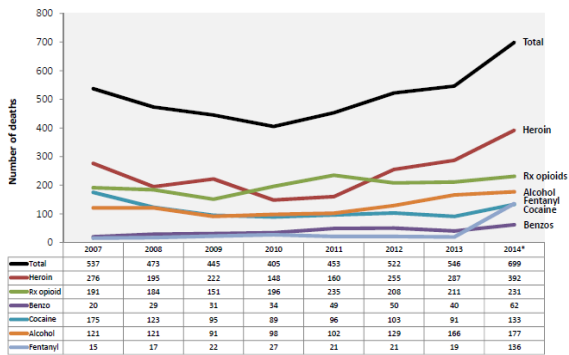
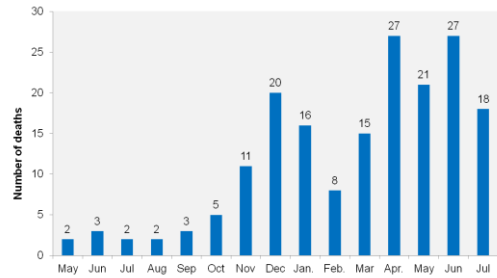


Figure 1. Number of Unintentional Intoxication Deaths Occurring in Maryland Through August of Each Year, 2007-2014.*

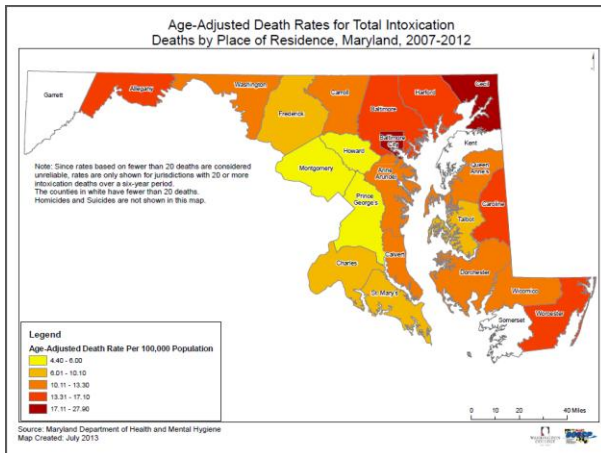


*2014 counts are preliminary and include deaths reported by OCME through October 2014.

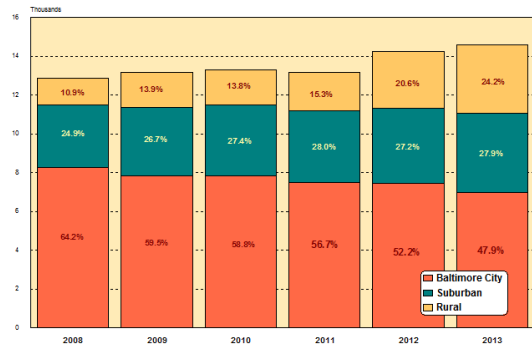
Number of Fentanyl-Related Deaths Occurring in Maryland by Month, May 2013-July 2014*



*2014 counts are preliminary and include deaths reported by OCME through August 2014.



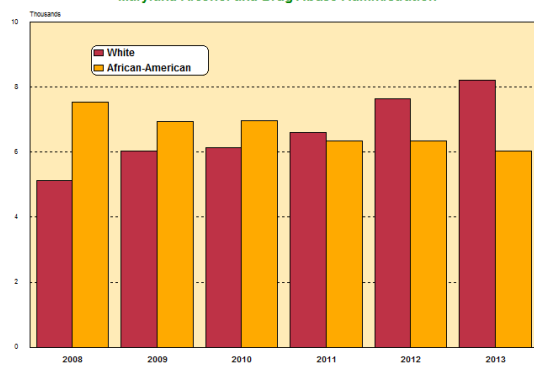
Admissions to State-Supported Substance Use Disorder Treatment Programs with Heroin Problems* by Patient Residence Maryland Alcohol and Drug Abuse Administration



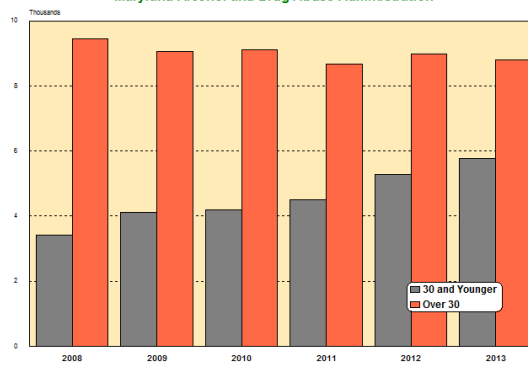
*Up to three substance problems may be reported for each admission.
Note: Suburban includes Anne Arundel, Baltimore, Carroll, Harford, Howard, Montgomery and Prince George's counties and Washington, D.C. All other areas are classified as rural.

Maryland Department of Health & Mental Hygiene

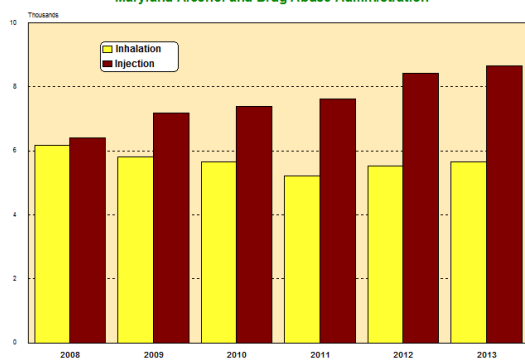
Heroin-Related* Admissions to State-Supported Substance Use Disorder Treatment Programs by Race
Maryland Alcohol and Drug Abuse Administration



Admissions to State-Supported Substance Use Disorder Treatment Programs with Heroin Problems* by Age
Maryland Alcohol and Drug Abuse Administration



Admissions to State-Supported Substance Use Disorder Treatment Programs with Heroin Problems* by Primary Route of Administration
Maryland Alcohol and Drug Abuse Administration



Maryland's Actions Against Overdoses

- Overdose Prevention Council,
- Data Initiatives,
- Opioid Overdose Prevention Plans, and
- Public Health Interventions.

Overdose Prevention Council

- Executive Order establishing the Council signed and released Friday, June 27th.
- The Council will advise and assist in establishing a coordinated, statewide effort to reduce the number of fatal and non-fatal overdose.
- Participants include:
 - DHMH
 - MSP
 - DPSCS
 - DJS
 - MIEMSS
 - GOCCP
 - Office of Problem Solving Courts
 - MSDE
 - DHR



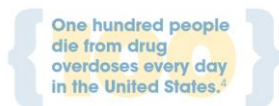
Data Initiatives

- Maryland has enhanced surveillance of overdoses in the State through several activities:
 - Developed a statewide protocol for identifying overdose deaths, which is captured by the state's Medical Examiner;
 - Created a database on overdose deaths, housed within the Health Department's Virtual Data Unit;
 - Released annual reports and quarterly updates to examine fatal overdose trends in the state;
 - Signed MOUs to match overdose death data



Statewide Plans to Address Overdose Deaths

- Maryland has instituted statewide planning efforts to combat opioid overdoses:
 - Opioid Overdose Prevention Plan
 - Released in January 2013.
 - Local Overdose Prevention Plans
 - All counties and Baltimore City submitted a plan in 2013.



Source: CDC



Prescription Drug Monitoring Program

- Legislation in 2011; launched in December 2013
- Integrated with CRISP, the state-designated health information exchange
- Secure, electronic database with information on the prescribing and dispensing of Schedules II-V controlled dangerous substances (CDS)
- Data is reported by drug dispensers, including pharmacies (both in-state and mail order) and dispensing practitioners
- Includes identifying information for drug, patient, prescriber and dispenser for each CDS dispensed



Who Can Request PDMP Data?

- Prescribers (in connection with medical care of patient)
- Dispensers (in connection with dispensing request)
- Law Enforcement (existing investigation & subpoena)
- Licensing Boards (existing investigation & subpoena)
- Patient (may include parent/guardian for minors)
- DHMH Agencies (existing investigation required)
- Other states' PDMPs (if authorized and employing confidentiality, security and access standards at least as stringent as MD's PDMP)
- Researchers (de-identified data only)



Naloxone

Opioid antagonist medication long used in emergency medicine to **quickly and safely reverse opioid overdose and restore breathing**

- Not a controlled substance
- No "abuse potential"
- Low risk of adverse reaction
- Typically administered via IM injection or intra-nasally with atomizer
- Rx drug under federal regulation



Expanding Naloxone Access

- MIEMSS: trained 17,000+ Basic Life Support EMS providers to administer intranasal naloxone & supplied ~800 ambulances statewide
- MD Overdose Response Program (began March 2014)
 - Allows "3rd parties" (lay people) to be trained on overdose recognition/response with naloxone
 - All LHDs and other community orgs authorized to do trainings
 - As of 9/30/14: 3,291 individuals trained, including 1,545 law enforcement officers; 43 naloxone administrations reported
- Making naloxone standard of care in clinical practice
 - Secretary's request to OTPs and somatic providers to begin prescribing naloxone



Statewide Education Campaign

- Maryland launched a public awareness campaign on overdose prevention in summer 2014.



Local Overdose Fatality Review Teams

- LOFRTs are comprised of multi-agency/multi-disciplinary members that conduct confidential case reviews of overdose deaths.
 - Teams identify missed opportunities for prevention, gaps in the system, and areas for increased collaboration.
- Started as pilot in 3 jurisdictions; expanding to at least 17
- Passage of HB 1282 in 2014 establishes LOFRTs under Maryland law and allows any jurisdiction to establish a team.

Chapter 650
(House Bill 1282)



CDS Emergency Preparedness Plan

- Plan to respond to local-level public health emergency created by abrupt cessation of CDS prescribing or dispensing (e.g. prescriber death, retirement, loss of license)
- Facilitate "bridge" care for affected patients via triage system
- Collaboration among DHMH/BHA, UM School of Pharmacy, & local health department
- Coordinate communication among patients, practitioners, EDs & urgent care facilities, pharmacies, EMS, law enforcement, licensing boards, media

